

Report Abuse

Abuse

Many people who live at home are at risk of abuse, neglect and financial exploitation by family members and others close to them. Victims of abuse are often isolated, and may be afraid or unable to seek help for themselves. In many cases, the only person outside the family who sees the victim is a health care provider; therefore, it is critical that health care providers know the signs of abuse and report cases for investigation and services.

Reporting Abuse

Effective 2013, the Illinois Adult Protective Services Act (Public Act 98-0049), formerly the Elder Abuse and Neglect Act, was enacted into law to address the problem of the abuse of adults with disabilities age 18-59 or a person age 60 or older who live in their own home. Under the authority of the Act, the Illinois Department on Aging administers a statewide intervention program to respond to reports of alleged abuse, neglect and financial exploitation, and to work with the adult to develop and implement a case plan to stabilize the situation and resolve the abusive circumstances.

The program is based on the adult's right to self-determination; no decisions are made about a competent adult without that adult's involvement and consent. Every effort is made to keep the

person in his or her own home.

The Adult Protective Services Act provides that people — who in good faith report suspected abuse or cooperate with an investigation — are immune from criminal or civil liability or professional disciplinary action. It further provides that the identity of the reporter shall not be disclosed except with the written permission of the reporter or by order of a court. Anonymous reports are also accepted.

To report suspected abuse, neglect or financial exploitation, call 1-866-800-1409, 1-888-206-1327 (TTY) or the local Adult Protective Services provider agency serving your area. By law, health care providers must report for adults who cannot report for themselves. Callers should be prepared to report the alleged victim's name and address, what happened, where and when it happened, who the suspected abuser might be, circumstances which led to the report, and whether the alleged victim is in immediate danger.

Physical Indicators of Abuse

Health care providers should be aware of the possibility of abuse and recognize the signs that it is occurring. When treating an at risk adult who appears to be a victim, the first steps are to obtain a detailed history and to record the examination.

After meeting the patient's medical

needs, making a report to the Adult Protective Services Program will ensure that a trained, objective caseworker will follow up to investigate the allegations and to help the adult avoid further abuse.

While the indicators outlined on this informational card do not necessarily signify abuse, neglect or financial exploitation, they can be important

clues in helping to assess the client's situation.

Physical Indicators

- Injury that has not been cared for properly.
- Any injury incompatible with history.
- Pain on touching.
- Cuts, lacerations or puncture wounds.

(Continued on the back)

Defining Abuse

- **Physical abuse** (20% of reports) means inflicting physical pain or injury upon an adult.
- ▶ **Sexual abuse** (4% of reports) means touching, fondling or any other sexual activity with an adult, when the person is unable to understand, unwilling to consent, threatened or physically forced.
- ▶ **Emotional abuse** (45% of reports) means verbal assaults, threats of maltreatment, harassment or intimidation. Emotional abuse is often coupled with other forms of abuse.
- **Confinement** (7% of reports) means restraining or isolating an adult, other than for medical reasons.
- ▶ **Passive neglect** (38% of reports) means the caregiver's failure to provide an adult with life's necessities, including, but not limited to, food, clothing, shelter or medical care. No new affirmative duty of care is created.
- ▶ Willful deprivation (11% of reports) means deliberately denying an adult medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that person to the risk of physical, mental or emotional harm except when the dependent person has expressed an intent to forego such care.
- ▶ **Financial exploitation** (58% of reports) means the misuse or withholding of an adult's resources by another, to the disadvantage of the adult and/or for the profit or advantage of someone else.

Source: Illinois Department on Aging, Elder Abuse and Neglect Program Annual Report FY 2012.

This material was developed by the Illinois Department on Aging and is partially based on *Elder Abuse and Neglect: Causes, Diagnosis and Intervention*, by Mary Joy Quinn, R.N., and Susan I. Tomita, M.S.W., and *Inadequate Care of the Elderly* by Terry T. Fulmer, Ph.D., R.N., and Terrance A. O'Malley, M.D.

Adult Protective Services GUIDELINES FOR HEALTH CARE PROVIDERS

- ▶ Bruises, welts and discoloration (bilaterally on upper arms; clustered on trunk, but may be evident over other areas of the body or are similar in shape to an object); presence of old and new bruises at the same time.
- Dehydration and/or malnourishment without illness-related cause; weight loss.
- Pallor or poor skin hygiene.
- Sunken eyes, cheeks.
- Evidence of inadequate care (such as gross decubiti without adequate medical care).
- Eye problems, retinal detachment.
- Absence of hair and/or hemorrhaging below scalp.
- ▶ Soiled clothing or bed linen.
- ▶ Burns (may be caused by cigarettes, caustics, acids, friction from ropes or chains, from confinement or contact with other objects).
- Signs of confinement (locked in a room, tied to furniture or bathroom fixtures).
- Lack of bandages or stitches when injury indicated or evidence of unset broken bones.

Injuries are sometimes hidden under the breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room and/or other health care "shopping" may indicate physical abuse. The lack of necessary appliances, such as walkers, canes and bedside commodes, or the lack of

necessities, such as heat, food and water or unsafe conditions in the home may indicate abuse or neglect.

Behavioral Indicators

Behaviors on the part of the adult, in and of themselves, do not indicate abuse or neglect; however, combined with other indicators, they may be significant:

Fear, withdrawal, depression, helplessness, resignation, hesitation to talk openly, or implausible stories; confusion, disorientation or contradictory statements not due to mental dysfunction; aggression, anger, denial, non-responsiveness, agitation or anxiety; sudden or any unexplained change in appearance or behavior.

Family/Caregiver Indicators

- The adult may not be able to speak for himself or herself or to see others without the caregiver present.
- ▶ Obvious absence of assistance, attitudes of indifference or anger toward the adult.
- Family member blames the adult (such as for incontinence).
- Aggressive behavior toward the adult (threats, insults or harassment or rough physical handling).
- Previous history of abuse to others.
- Withholding of security or affection.
- Problems with alcohol, drugs or mental illness.
- Family and/or adult is socially isolated.
- Conflicting accounts of incidents

Responding to Abuse

The Adult Protective Services Program can help only those adults at risk who are identified through a report. Don't let someone continue to suffer, call if you suspect abuse. **All calls are confidential.**

Adult Protective Services Hotline: 1-866-800-1409, 24-hour, toll-free

by family, supporters and victim.

Unwillingness or reluctance to comply with the care plan.

Victim Profile

The average age of abuse victims is 70 and about 65% of these victims are women. Many victims are functionally impaired, meaning they have difficulty performing daily tasks, such as walking, personal care, meal preparation, laundry and house cleaning. Eight out of 10 victims consent to work with the Adult Protective Services Program to resolve their difficulties. Victims often experience more than one type of abuse with financial exploitation being the most frequently reported and is highly associated with emotional abuse.

Abuser Profile

Three in four abusers are family members of the victim, the largest category being children, followed by other family members and spouses.

Female abusers slightly exceed male abusers. Almost half of the abusers are the victim's primary caregiver. About one-fourth of the abusers are financially dependent on the victim,

have an alcohol or substance abuse problem and many have limited coping ability.

Program Profile

When a report is received, a trained Adult Protective Services caseworker responds within a specified time period depending on the severity of the case: within 24 hours for life threatening situations, within 72 hours for most neglect and non-threatening physical abuse situations and up to seven days for most emotional abuse or financial exploitation reports.

Depending on the victim's needs, wishes and resources, a range of interventions may be put into place:

In-home or other health care; home care services; nutrition services; adult day services; respite care and support groups; financial or legal assistance and protections; referral to counseling for the victim and/or the abuser; housing assistance; guardianship proceedings and/or nursing home placement when needed; emergency responses for housing, food, physical and/or mental health services.

Source: Illinois Department on Aging, Adult Protective Services Program FY 2014.

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employees in programs in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY). Printed by Authority of the State of Illinois IOCI 14-519_HC (Rev. 2-14 3,000)